



Recertification Checklist for Instructor or Director

(Also for Driver Training Instructor Transfers or Additional Certifications)

PLEASE READ CAREFULLY, AS THE APPLICATION HAS BEEN RECENTLY REVISED

Step 1 - All applicants:

- ☐ Sign the Statement of Completion at the bottom of this page and include with the application.
- ☐ Complete all sections of the application.
- ☐ Submit a notarized Consent for Background Investigation Form. (Form # RC-900)
- ☐ If you have been licensed in a state (or states) other than Georgia in the past five (5) years, you must obtain and submit a Motor Vehicle Report (MVR) from each state in which you were licensed.
- ☐ Submit (1) photograph taken within 30 days of application submission.
- ☐ All applicants *must* undergo a fingerprint-based background check *for recertification*. Instructions will be forthcoming *after* the application is received.

Step 2 - Submit additional documents below, depending upon type of certification held:

DUI Alcohol or Drug Use Risk Reduction Program Director Recertification

- ☐ Submit documentation of 16 contact hours of approved continuing education.

DUI Alcohol or Drug Use Risk Reduction Program Instructor Recertification

- ☐ Submit documentation of 32 contact hours of approved continuing education.
- ☐ Submit documentation, such as class rosters or a letter from program owner/director, showing at least four (4) classes have been taught within the current certification period.

Driver Training Instructor Recertification

- ☐ Submit a recertification application fee of \$5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a lab report, from an accredited lab, showing the results for drug screen taken within 30 days of filing the application. The lab report for the drug screening must include the results for the following substances: amphetamines, cocaine metabolites, marijuana metabolites, opiates, and phencyclidine.
- ☐ Submit a Physical Examination Form completed and signed by your doctor within 30 days of filing application. (Form # RC-DT-201)
- ☐ Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.

Driver Training Instructor Transfer of Certification or Additional Certification

- ☐ **Check the appropriate box:**
 - ☐ Transfer
 - ☐ Additional
- ☐ Submit an application fee of \$5.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a notarized statement from the owner of the driver training school that the applicant is or will be employed by the school.
- ☐ A fingerprint-based background check is required for *transfer and additional certifications*. Instructions will be forthcoming.

Third Party Examiner Recertification

- ☐ Submit a signed Third Party Testing Agreement. (Form # RC-TPT-300)

Driver Improvement Instructor Recertification

- ☐ Submit a recertification application fee of \$50.00, in the form of a money order, certified check, or cashier's check, made payable to the Georgia Department of Driver Services.
- ☐ Submit a current instructor certificate(s) from an approved curricula provider. (ASC, DEOG, GARDE, NSC, USA)

STATEMENT OF COMPLETION

I hereby certify that this application includes all documents and fees which are required to be attached, for the approval as outlined above. I understand that an incomplete application or application lacking the necessary paperwork will result in my application not being processed and may result in fees being forfeited.

Printed Name

Legal Signature

Date

Please submit application, fees and all supporting documents to:
Georgia Department of Driver Services
Attn: Regulatory Compliance Division
2206 East View Parkway
Conyers, GA 30013

An application drop box is also available at the entrance of the Conyers Customer Service Center.



Recertification Checklist for Instructor or Director

SECTION 1: Applicant Information

☐ **RRP Instructor** ☐ **RRP Director** ☐ **Driver Improvement Instructor** ☐ **Driver Training Instructor** ☐ **TPT Examiner**

Cert. # _____ Cert. # _____ Cert. # _____ Cert. # _____ Cert. # _____

Exp. Date _____ Exp. Date _____ Exp. Date _____ Exp. Date _____ Exp. Date _____

Last Name First Name Middle Name Suffix

Date of Birth Driver's License # State of Issuance Social Security #

Home Address City County State Zip Code

Mailing Address ☐ **Same as above** City County State Zip Code

Home Phone Number Cell Phone Number Work Phone Number

Email Address

☐ **I would prefer all correspondence be mailed to the mailing address above.**
Unless the box is checked, all correspondence will be emailed to the email address provided.

1.1 Are you or your spouse currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

1.2 Are you or your spouse currently employed as a judge, public or private probation officer, public or private probation employee or agent, bail bondsman, employee or agent of a bonding company, law enforcement or peace officer, or employee of a court in this or any other state?

☐ Yes ☐ No

1.3 Do you own, manage, or operate a private company that has contracted to provide probation services for misdemeanor cases in this or any other state?

☐ Yes ☐ No

1.4 Do you have a spouse, dependent child, dependent stepchild, or dependent adopted child that is currently employed with the Georgia Department of Driver Services, Georgia Department of Public Safety, or Georgia Department of Human Resources?

☐ Yes ☐ No

1.5 If you answered "Yes" to any of the questions above, give specific information detailing the company, agency, and job title.

1.6 Are you a United States citizen?

☐ Yes ☐ No

1.6.1 If you answered "No" to question 1.6, are you legally present in the United States?

☐ Yes ☐ No



1.7 For RRP directors ONLY: What program(s) are you directing?

PROGRAM NAME

CERTIFICATION #

LOCATION

1.8 For driver training instructors ONLY: What school(s) are you employed by:

SCHOOL NAME

LOCATION

1.9 For driver training instructors transferring certification ONLY:

List the name of the driver training school where you were previously employed: _____

List the name of the driver training school where you wish to transfer your certification: _____

1.10 For driver training instructors additional certification ONLY:

List the name of the driver training school where you are currently employed: _____

List the name of the driver training school where you wish to add to your certification: _____

SECTION 2: Applicant Affirmation

Under penalty of law, I do hereby swear or affirm that all the information that I have provided herein is complete and accurate.

Furthermore, I will maintain the confidentiality of all program records including, but not limited to: assessment results and other program components. Records shall be confidential and shall not be released without the written consent of the student, except that such records shall be made available to DDS upon request.

I will refrain from abusing alcohol or other drugs, and from using illegal drugs.

I will maintain all reports and information as specified in the DDS rules and regulations and operations guidelines.

I understand that DDS will list my name and address as public record.

I hereby authorize the release to DDS of any information necessary for the determination of my application for recertification. I understand that this information will be used only for the purpose of processing my application. Photocopies of this authorization will be valid for the purpose of obtaining requested information.

I understand that to knowingly make a false statement or conceal a material fact in this application will result in the denial of my application, the cancellation of my certification (if applicable), and criminal charges being brought against me.

Legal Signature

Date

Sworn to and subscribed before me

this ____ day of _____ 20 ____.

(SEAL)

Notary

RC-RIDE-200 (09/09)

Georgia Department of Driver Services
Regulatory Compliance Division, 2206 East View Parkway, Conyers, GA 30013

CONSENT FOR BACKGROUND INVESTIGATION

OFFICE USE ONLY FILE NUMBER:	OFFICE USE ONLY DATE APPLICATION RECEIVED:	OFFICE USE ONLY BACKGROUND <input type="checkbox"/> DRIVER'S HIST P F <input type="checkbox"/> CRIMINAL HIST P F	OFFICE USE ONLY
OFFICE USE ONLY			

APPLICANT TYPE: (OFFICE USE ONLY)

<input type="checkbox"/> DUI Risk Reduction	<input type="checkbox"/> Owner	<input type="checkbox"/> Director	<input type="checkbox"/> Instructor
<input type="checkbox"/> Driver Improvement	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Driver Training	<input type="checkbox"/> Owner	<input type="checkbox"/> Instructor	
<input type="checkbox"/> Third Party	<input type="checkbox"/> Tester	<input type="checkbox"/> Examiner	
<input type="checkbox"/> Ignition Interlock	<input type="checkbox"/> Owner/Operator		
<input type="checkbox"/> Chauffeur			

Last Name	First Name	Middle	Date of Birth (MM/DD/YYYY) / /
Driver's License Number (Include ALL zeros)	Issue date (Exam date)	State	Social Security Number
Current Street Address		City and State	Zip Code
Do you hold any other driver's license(s)? Yes No	If so, list state(s) and license number(s)		Phone Number
Company			Phone Number
Address		City and State	Zip Code

Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole for any crime whether felony or misdemeanor, in this state, in any other state, or in the federal system? ☐ Yes ☐ No

Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details below:

I hereby apply for Certification(s) to be issued by the Regulatory Compliance Division of the Department of Driver Services (DDS). I understand that my criminal history, driver's history, and legal presence will be checked. I hereby give consent for the DDS to conduct whatever investigations necessary to determine my eligibility to hold such a certificate. I understand that false, misleading, or incomplete information in my application or on this Consent Form may result in certificate denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty of perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

Signature

Date

THIS CONSENT FORM MUST BE NOTARIZED

Subscribed to and sworn before me:

SEAL OR STAMP

Notary Signature

Date

My commission expires: